

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585005

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
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36						
37						
38						
39						
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50	1					
TOTAL IND.	5					
TOTAL DEP.	85					
TOTAL CLAIMS	90					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	1					
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58						
59						
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66						
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69						
70						
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72						
73	1					
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97						
98						
99						
100						
TOTAL IND.			2			
TOTAL DEP.			27			
TOTAL CLAIMS			29			